MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

C
AS FILED
1st AMENDMENT
D. DEP. IND. DEP. IND. DEP. CLAIMS AS FILED IND. DEP. DEP. IND. DEP. IND. DEP. /IND. <u>52</u> .53 4 گار <u> 55</u> 6 58 (89 /8/ אג .68 0 ι אב TOTAL IND. 10TAL DEP. THE VITTE TOTAL 17.

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